

FILED SEP 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30280
3868

BIRTH NO. 7565-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3868

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 7 MONTHS		d. STREET ADDRESS (If rural, give location) 3439 OLIVE STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3439 OLIVE STREET			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MICHAEL c. (Last) GISH			4. DATE OF DEATH (Month) (Day) (Year) 9 7 49		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 2-1-49		9. AGE (In years last birthday) 7		10. IF UNDER 1 YEAR: Days 6 Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME D. HAROLD GISH		13b. MOTHER'S MAIDEN NAME MABEL JOHNSON		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME D. HAROLD GISH, 3439 OLIVE STREET	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by strangulation			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Ruptured		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson MO	
21d. TIME OF INJURY 9-7-49 4:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Strangled on Plastiff toy	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE High H. Owens (Degree or title) Deputy Coroner		23b. ADDRESS 1024 Burt Bldg		23c. DATE SIGNED 9-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-9-49		24c. NAME OF CEMETERY OR CREMATORY LA HARPE CEMETERY	
		24d. LOCATION (City, town, or county) (State) LA HARPE, KANSAS			

DATE REC'D BY LOCAL REG. 9-8-49		REGISTRAR'S SIGNATURE Realdine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Howell	
				ADDRESS 3256 BROADWAY	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John W. Laybourne

Licensed Embalmer No. 1715

P. O. Address N. E.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.